FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jul 22, 2002 8:00 am Secretary of State DOCUMENT # K48825 1. Entity Name 07-22-2002 90163 010 \*\*\*150.00 TROUT CORP. Principal Place of Business Mailing Address %PETER JACOBSEN PROD. %PETER JACOBSEN PROD. R0130891 8700 S.W. NIMBUS STE. #B 8700 S.W. NIMBUS STE, #B BEAVERTON OR 97008 **BEAVERTON OR 97008** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0089640 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYE, MARK Street Address (P.O. Box Number is Not Acceptable) 4801 ISLAND POND CT #702 **BONITA SPGS FL 34134** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition JACOBSEN, PETER NAME NAME STREET ADDRESS 16 DOVER WAY STREET ADDRESS LAKE OSWEGO OR CITY-ST-ZIP CITY-ST-ZIP DST ☐ Delete TITLE Change ☐ Addition NAME LYE. MARK NAME STREET ADDRESS 15533 FIDDLESTICKS BLVD. STREET ADDRESS CITY-ST-ZIE FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with put other like empowered.

DOCUME 1. Entity Name	NT # <b>K4</b>	8825/		, , , ,	/		1 20 01	()
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Principal Place of Bu	usiness	Maili	ng Address				•	
%PETER JACOBSEN 8700 S.W. NIMBUS S BEAVERTON OR 970 US	STE. #B	8700	TER JACOBSEN PR D S.W. NIMBUS STE VERTON OR 97008	E. #B		301308	91	
<ol><li>Principal Place of</li></ol>	f Business	3. Ma	nilirig Address					
Suite, Apt. #, etc.		Sui	te, Apt. #, etc.			DO NOT WRITE	EIN THIS SPACE	•
City & State	,	City	y & State		4. FEI Number	CE 0000C40		Applied For
Zip	Country	Zip		Country		65-0089640	- \$8.75	Not Applicabl Additional
6.	Name and Address of C	urrent Register	ed Agent		5. Certificate of	Status Desired  ddress of New Re	Fee Requ	
				Name	7. Name and A	duless of New He	gistered Agent	
LYE, MARK 4801 ISLAND P	OND CT #702			Street Addre	ss (P.O. Box Number i	s Not Acceptable)		
BONITA SPGS I								
,	•							
				City			FI Zip C	ode
3. The above named	d entity submits this state	ment for the purp	pose of changing it		istered agent, or both,	in the State of Flori		ode
8. The above named	d entity submits this state	ment for the purp	oose of changing it	City	istered agent, or both,	in the State of Flori		ode
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D# K48825

TROUT CORP
8700 SW NIMBUS AVE STE B
BEAVERTON OR 97008

Pay to the Operatment of State
One Hundred Fifty & 00/100 U.S. Dollars

Dollars

Dollars

For FEI # 65-0089640

Money Market Check
215

24-22/1230

Date
4=30-02

24-22/1230

Dollars

V 6000-0000 #150.00 V 1100-0000 #150.00

POSTED 5/14/a m

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Questions? Visit our Web site at fedex.com or call 1.800.Go.FedEx® 800.463.3339.

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By signing you authorize us to deliver this shipment without obtaining a signature and egree to indemnify and hold us harmle as from any resulting claims.

7447

D# K#8825

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2 Your Internal Billing Reference

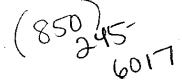
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D # K48825 Page 1 of 1



FedEx Express Customer Support Trace 3875 Airways Boulevard Module H, 4th Floor Memphis, TN 38116 U.S. Mail: PO Box 727 Memphis, TN 38194-4643

Telephone: 901-369-3600



7/10/2002

Dear Customer:

Here is the proof of delivery for the shipment with tracking number 833612185705. Our records reflect the following information.

**Delivery Information:** 

Signed For By: G.SMITH



Delivery Location: 409 E GAINES Delivery Date: May 1, 2002 Delivery Time: 0900

**Shipping Information:** 

Tracking No: 833612185705

Ship Date: April 30, 2002

Recipient:

DEPT OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES ST TALLAHASSEE, FL 32399 Shipper:

MONICA CRUZ PETER JACOBSEN PRODUCTIONS 8700 SW NIMBUS AVE STE B BEAVERTON, OR 970087119

US

Shipment Reference Information:

TROUT CORPORATION

Thank you for choosing FedEx Express. We look forward to working with you in the future.

FedEx Worldwide Customer Service 1-800-Go-FedEx®

Reference No.: R2002071000053840481

Affachment



DA 148825

July 16, 2002

Florida Department of State Attn: Justin Shivers P.O. Box 6327 Tallahassee, FL 32314

## Dear Justin Shivers:

Per our phone conversation regarding Trout Corporation payment on check# 215 from April 30, 2002 to Department of State for \$150.00. I have enclosed a copy of who signed for it when it was previously federal expressed along with the check copy.

In short, check# 218 for \$150.00 is enclosed to replace the lost one. You have ensured us if the old check shows up; you will send it back to us at the below address. Thank you for your help. If you have any questions, please do not hesitate to call me directly.

Best regards,

Monique Ung

Peter Jacobsen Productions, Inc.

Trout Corporation

Accounts Payable Manager

503-672-8158

Enclosure